

CHILD ABUSE AND NEGLECT INFORMATION REQUEST

A. REQUEST FOR RECORDS BY:

NAME LAST	FIRST	MIDDLE	TITLE
AGENCY OR ORGANIZATION NAME			
MAILING ADDRESS		CITY	STATE ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	E-MAIL ADDRESS	

B. REQUEST FOR RECORDS OF:

NAME LAST	FIRST	MIDDLE
DATE OF BIRTH	FORMER NAMES	
DATES IN WASHINGTON, IF KNOWN	LOCATION IN WASHINGTON, IF KNOWN	

NOTE: You must show proof of authority to obtain confidential records about others. Use Authorization form, DSHS 17-063, if needed to give permission.

C. SIGNATURE OF REQUESTOR:

REQUESTED BY (SIGNATURE)	DATE SIGNED
REQUESTED BY (PRINT NAME)	

OFFICE USE ONLY

DATE RECEIVED	RECEIVED AT:	DATE ACKNOWLEDGED	<input type="checkbox"/> ID VERIFIED HOW:	DATE RECORDS PROVIDED
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Federal law (42 U.S.C. 671(a)(20)) requires that a state agency placing a child in out of home care request Child Abuse and Neglect Registry information from any State in which any adult living in the home has resided in the preceding 5 years, before final approval of the placement.

DSHS may release founded findings of child abuse or neglect and the fact that a pending investigation exists only to appropriate officers of child welfare agencies or other persons authorized by law to receive that information. Additional information pertaining to allegations of child abuse or neglect may be released only by authorization of the subject of the request (DSHS Form 17-063).

Please send a signed copy of this form to Constituency Relations by fax at 360-902-0725 or by secure email to childabuseregistry@dshs.wa.gov.